

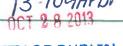
Phone/ TDD: 6 Fax: 6 Web Site: www.c

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153, 232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

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TY OF DUBLIN	Informal Review	Final (Secti	Plat on 152.085)	
Land Use and Long Range Planning 5800 Shier-Rings Road Dublin, Chio 4301 6-1 236	Concept Plan (Section 153.056(A)(1))	_	tional Use on 153.236)	
oone/ TDD: 614-410-4600 Fax: 614-410-4747 c Site: www.dublin.oh.us	Preliminary Development Plan / R (Section 153.053)	<u> </u>	Corridor Development District (CDD) (Section 153.115)	
	Final Development Plan (Section 153.053(E))		lor Development District (CDD) Sign on 153.115)	
	Amended Final Development Plar (Section 153.053(E))	Minor	☐ Minor Subdivision ☐ Right-of-Way Encroachment	
	Standard District Rezoning (Section 153.018)	Right		
	Preliminary Plat (Section 152.015)	Other	(Please Specify):	
	Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements that will need to accompany this application form.			
II. PROPERTY INFORMATION: This section must be completed.				
Property Address(es): Park Place Reserve A & B				
Tax ID/Parcel Number(s): Parcel Size(s) (Acres):			Parcel Size(s) (Acres):	
			.587 acre 3.265 acre	
Existing Land Use/Development:				
	IF APPLICABLE, PLEASE CO	MPI ETE THE FOLLOW	MING.	
Proposed Land Use/Deve		AN ELTE THE TOLLOW	VIIIO.	
Total acres affected by application: 70.5 - 3.26 & .58 acres affected				
III. CURRENT PROPE	RTY OWNER(S): Please attach addition	al sheets if needed.		
Name (Individual or Organization): City of Dublin				
Mailing Address: (Street, City, State, Zip Code)				
Daytime Telephone:		Fax:	DECEMEN	
Email or Alternate Contact Information:				
Posts 4 of 2				



IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable. Name: Marian Vordermark, President Applicant is also property owner: yes no 🗸 Organization (Owner, Developer, Contractor, etc.): Park Place/Post Preserve Homeowners' Association Mailing Address: 6834 Stillhouse Lane (Street, City, State, Zip Code) Daytime Telephone: 614-579-7904 Fax: Email or Alternate Contact Information: mvorderm@columbus.rr.com V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed In part IV or property owner listed in part III. Please complete if applicable. DAVID HOLMES Organization (Owner, Developer, Contractor, etc.): YARDMASTER of Columbus, INC. (Street, City, State, Zip Code) 570 Reynoldsbury New Albany Rd. Blacklick, Oh 43004 Daytime Telephone: 614-34-8-1603 dholmes @ YARDMASTER . COM **Email or Alternate Contact Information:** VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized. the owner, hereby authorize to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative. Signature of Current Property Owner: Date: 10-28-13 Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document Robyn D. Hard Notary Public. State of Ohio My Commission Expires 09-09-2014 VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representation application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application. , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application. Signature of applicant or authorized representative: Date:

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant. , the owner or authorized representative. acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant. Signature of applicant or authorized representative: Date: IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized. , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Signature of applicant or authorized representative: Robyn D. Harp Notary Public, State of Ohio My Commission Expires 09-09-2014 FOR OFFICE USE ONLY P&Z Date(s): Amount Received: Application No P&Z Action: Receipt No: Map Zone: Date Received: Received By: City Council (First Reading): City Council (Second Reading): City Council Action: Ordinance Number: Type of Request: Marmion N, S, E, W (Circle) Side of: N S, E, W (Circle) Side of Nearest Intersection: Distance from Nearest Intersection: **Existing Zoning District:** Requested Zoning District: